

## APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

<b>DHR</b>		<b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b>		<b>ARCHIVES AND HISTORY</b>	
Application Date December 29, 1982		Division of Family & Children Services Medical Eligibility Room I - 401 State Office Building 47 Trinity Avenue, S.W. Atlanta, Georgia 30334		Application Number 83-832 Date Received JAN 4 1983 Date Completed JUL 28 1983	
Application Number DHR-82-66					
2. Person to Contact Robert E. Middleton		Working Title Human Services Technician		Telephone Number 656-4350	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1969 Latest continuing		5. Records Series Title (followed by title used in office, if different) Public Assistance Client Medical Eligibility Open Case Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Family and Children Services, through the leadership of the Director, is responsible for administering, supervising, and regulating services to indigent children, adults, and families, State-wide; for serving as liaison with the Regional Office of Health & Human Services concerning the status of the State Social Service Plan and for clearing policy questions; and for working with other DHR Offices and Divisions to resolve problems affecting the operation of the Division.  The Medical Eligibility Determination Section has the responsibility for determining the medical eligibility of families and individuals for income maintenance and medical assistance.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: determining client medical eligibility for medical assistance only and incapacity.  Included are: forms -- 187 (permanent and Total Disability Determination) shows case name and number (code-serial-symbol); Medical Reviewer's Report as to whether or not eligible, social study inadequate, joint conference needed, comments; State Consultant Physician's Report as to whether or not eligible, impairment permanent or not medically demonstrable; Joint Conference Report - comments, dates, signatures of Social Worker and Physician; Review of Medical Social Reviewer and State Physician Reports, whether eligible or ineligible and basis for determination and comments. DBP/ASP 181-1-2 (new number 188) (Social Data Report) shows client's name, address, case number, sex, race, birthdate, marital status; current assistance and benefits, present conditions (living File is arranged: alphabetically by last name of client.					
8. Monthly Reference Rate One to six months old * _____ ; Seven to twelve months old 0 _____ ; Thirteen to twenty-four months old 0 _____ ; twenty-five months and older 0 _____ ? *frequent reference during evaluation					
9. Annual Rate of Accumulation or Records (present accumulation 288 cu. ft.) approximately Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) 20 cu. ft.					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 1974 - Public Law 93-579 - Section 552a - Records maintained on individuals
	X	c. Is this a vital record? Privacy Act of
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? portions in respective county offices
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | 35 years.    |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.  
read that:

At present, records in this series - the information shown concerning the client (who is evaluated as permanently eligible for medical assistance) is needed for a long time in event questions should arise concerning disability.  
of client -- Public Laws 92-603 and 93-66

Law is not specific re retention; Office has interpreted it to

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

Transfer file

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Cut off file at end of each calendar year; hold in current files area one year; transfer to State Records Center: hold 35 years; then destroy.

Notes: During the 35-year holding period, the unit will call back records for those clients who die or who are evaluated as no longer eligible for public assistance, and will place them in the "Public Assistance Client Medical Eligibility Closed Case Files."

At end of the 35-year holding period, the unit must verify that all case files have been closed based on ineligibility or death of client, prior to destruction of records. No records may be destroyed until this verification has been completed.

Beginning January 1, 1983,  
cut off file as follows:

Central Medical Eligibility Office

Upon determination that client is eligible for medical assistance, place all papers for that particular client in the transfer file.

County Offices  
Family and Children Services

Place all papers for each client in the client's file; then follow the disposition guidelines given for client records in

These instructions apply to all prior and future accumulations of the series, the Family & Children's Services Procedures Manual.

Agency Head/Designee (Signature)	REM	Date	12/27/82	Records Management Officer (Signature)	Elizabeth W. Crank	Date	12/16/82
				Elizabeth W. Crank - CRM/RMA			
				State Records Committee (Signature)			
				Date			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)				State Auditor/Designee		6-6-83	
				Secretary of State/Designee		6/2/83	
				Attorney General/Designee		7-22-83	